

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587938

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5	1					
6		1				
7		2				
8		0				
9		0				
10	1					
11		1				
12	1					
13		0				
14		0				
15	1					
16		1				
17		1				
18		3				
19		0				
20		0				
21	1					
22		1				
23		2				
24		0				
25		0				
26			1			
27				1		
28				1		
29				1		
30			1			
31				1		
32				2		
33				2		
34				2		
35			1	2		
36				1		
37				1		
38				1		
39			1			
40				1		
41				1		
42				1		
43				1		
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	17	←		←
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						